



Driver Application

Metro Public VanPool Program

Please complete all applicable questions and return to Metro VanPool along with a completed Metro VanPool Participant Agreement.

1. VanPool No. _____ and/or Route: To _____ From _____
2. Check one: ☐ Driver, ☐ Backup Driver
3. Name _____
(First) (Full Middle) (Last)
4. Address _____
(Number) (Street)

(City) (ZIP)
5. How long have you lived at this address? _____ years _____ months
6. Phone: Work _____ Home _____
7. Age _____ Date of Birth: _____ Social Security Number _____ - _____ - _____
(Month) (Day) (Year)
8. Employer's Name and Address _____

9. Job Title _____
10. Present Supervisor's Name _____ Phone _____
11. Length of Employment: _____ (If less than 2 years, please complete the following.)
Previous Employer _____
Length of Employment: _____ Last Supervisor _____
12. How long have you had a driver's license? _____ years _____ months
13. If you have driven a van before, for how long? _____ years _____ months
14. Do you currently have a valid and unrestricted Washington State Driver's License?
☐ Yes ☐ No (explain) _____

15. Driver's License Number _____
16. Has an insurance company or companies ever refused, cancelled, refused to renew, or given notice of intention to cancel or refuse any automobile insurance for you?
☐ No ☐ Yes (please answer the following) Name of Company _____
☐ cancelled ☐ refused ☐ non-renewal
Date _____ Reason _____

17. Have you ever had your automobile driver's license or privileges suspended, revoked or refused?
☐ No ☐ Yes (explain) _____
18. Do you have a condition which may or does result in physical or mental impairment? (For example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder, epilepsy, blackouts, diabetes, heart disease, etc.).
☐ No ☐ Yes (please answer the following:
Name or nature of condition _____
Date of onset or last attack _____
Years driving with condition or handicap _____
Driving Aids _____
Drugs or Medication _____
Effect on Driving Ability _____
Physician's Name _____ Phone _____
19. Have you been convicted of driving while intoxicated or under the influence of drugs?
☐ No ☐ Yes (explain) _____
20. Have you been required by any state to file evidence of Financial Responsibility (SR-22)?
☐ No ☐ Yes (explain) _____
21. How many motor vehicle accidents of any type or any cause have you as an operator, been involved in during the past 3 years? _____
Please give full details, including approximate dates, time of day, etc., on next page.

Describe Accident #1

Date	Time	Driver	Violation (Type)
Who was at fault	Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage to your vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Damage to other property <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Description			

Describe Accident #2

Date	Time	Driver	Violation (Type)
Who was at fault	Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage to your vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Damage to other property <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$
Description			

22. Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail or paid any fines for during the past 3 years. Please give full details, including approximate dates below:

A	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location (City and State)
	Convictions	If Speeding Legal Limit:	m.p.h.	Your Speed m.p.h.
	Amount of Fine \$			
Remarks (May be continued on separate sheet)				
B	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location (City and State)
	Convictions	If Speeding Legal Limit:	m.p.h.	Your Speed m.p.h.
	Amount of Fine \$			
Remarks (May be continued on separate sheet)				

23. How many cars do you own? _____

24. Do you have automobile insurance for your personal vehicle? ☐ Yes ☐ No

25. Name of Insurance Company and Policy Number _____

26. Commuting Travel Plans:

a. Origin of Trip: _____
(City) (County) (ZIP)

b. Final Destination: _____
(Street Address)

(City) (County) (ZIP)

c. Distance from origin to final destination is _____ miles one way.

d. What time do you arrive at work _____ ☐ a.m. ☐ p.m., leave work _____ ☐ a.m. ☐ p.m.

27. Are you requesting authorization for personal use of the Metro van? ☐ Yes ☐ No

28. If yes, please describe how you expect to use the van for your personal driving and how often: _____

29. Can you provide off-street parking for the van at your home? ☐ Yes ☐ No

30. Additional Comments: _____

Signature _____ Date _____

This Application warrants a credit check, employment verification and/or verification of motor vehicle record history.